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요	2008 City of Parma	Income Tax F yofparma-oh.gov	Return	2008, THIS BLOCK	K MUST BE COMPLET arma	ED.
P-1040	Mail this return to THE CITY OF PARMA, 94734, Cleveland, OH 44101-4734, on or	DIVISION OF TAXATIO	N, P.O. BOX	Previous Address	Parma	
	the fourth month after the close of a fiscal	I year or period. Phone	Present Address _			
	PARMA ACCOUNT NO.			ge & Date		
	iling Status: Individual Doi		IF UNDER 18 IN 2008:			
					Your Social Secur	ity Number
					Spouse's Social Sec	•
				Fili	ng for 2008 calend ng for fiscal year e	•
1.	WAGES AND COMPENSATION (From V	V-2's only)	CAUTION: A cop MUST b	by of all W-2 Forms e attached.		
	COLUMN 1	COLUMN 1A	COLUMN 1B	COLUMN 1C	COLUMN 1D	COLUMN 1e
	LIST EACH WORK CITY	Total Wages (As shown on W-2 Form)	Withheld for Parma	Withheld for Other Cities	% of Col. 1A See Instructions	Lesser of Column 1C or 1D
		\$	\$	\$	\$	\$
	COLUMN TOTALS	\$	\$			1\$
	OOLONIN TO TALE	Post (To Line 2)	Post (To Line 9b)	_		Post (To Line 9c)
	OTHER INCOME (B) ITEMS NOT TAXABLE (C) ENTER EXCESS OF I (A) ADJUSTED NET INCO (B) AMOUNT ALLOCABLE (C) LESS ALLOCABLE NE	LINE 5A OR 5B		CHEDULE X IS USED NON-RESIDENT BUSE	SINESSES ONLY	. 5C \$. 6A \$. 6B \$
	7) AMOUNT SUBJECT TO C					
	8) PARMA CITY TAX, 2.5%. MULTIPLY TO					
	9A) ESTIMATED PAYMENTS AND PRIOR Y					
	9B) WITHHELD FOR PARMA (FROM 1B) . 9C) CREDIT FOR OTHER CITIES (FROM 1					
	DD) DIRECT PAYMENTS TO OTHER CITIE	•				
	9E) TOTAL PAYMENTS AND CREDITS (AD					
		IF OVERPAID				
	11) PENALTY AND INTEREST. 11A PENAL12) BALANCE DUE (COMBINE LINES 10 &					
	13) OVERPAYMENT (IF LINE 12 IS LESS T	,				· · · · ·
1	13A) REFUND (IF \$1.00 OR MC	DRE) <u>\$</u>	13B C	REDIT TO 2009 ESTIM	MATED TAX \$	
		DECLARATION	OF ESTIMATED TA	X FOR YEAR 2009		
1	14) ESTIMATED TAX (SEE INSTRUCTIONS					
I CE	A. ESTIMATED TAX LIABILITY 2009	NOTE TAX RATE			14A <u>\$</u>	
	B. QUARTERLY ESTIMATED TAX DUE,					
	15) TOTAL DUE CITY OF PARMA (ADD LIN RTIFY I HAVE EXAMINED THIS RETURN INCLUDI					
Signa	ature of Person Preparing, if Other Than Taxpayer		Signatu	re of Taxpayer or Agent (Requ	ired)	
Nimo	e and Address of Firm	Г	Phone Signatu	re of Spouse if Joint Return		

TOTAL From Schedules C, G & H. Enter on Page 1, Line 3 (LOSSES ENTER 0)\$ SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN (BUSINESS ONLY) ITEMS NOT DEDUCTIBLE ADD ITEMS NOT TAXABLE DE	usiness Name				F	ederal Identification N	0	
SCHEDULE C Or FORM 1120 PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (LOSSES ENTER 0) \$ SCHEDULE G Income from Rents - from Federal Schedule E KIND & LOCATION OF PROPERTY AMOUNT OF RENT DEPRECIATION REPAIRS OTHER EXPENSES NET INCOME (OR LOSS) NET INCOME SCHEDULE G (LOSSES ENTER 0) \$ SCHEDULE H All Other Taxable Income INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, COMMISSIONS, AND MISCELLANEOUS RECEIVED FROM FOR (DESCRIBE) AMOUNT TOTAL INCOME SCHEDULE \$ SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN (BUSINESS ONLY) ITEMS NOT DEDUCTIBLE ADD ITEMS NOT TAXABLE DE a. Capital Losses (Excluding Ordinary Losses) \$ Expenses incurred in the production of non-taxable income (At least 5% of Line 2) . C. Taxes based on income d. Net operating loss deduction per Federal Return . G. Net operating loss deduction per Federal Return . G. Payments to partners . G. Skek pay not included in Line 1 Page 1 . G. Contributions, limited to 10%	usiness Address				N	ature of Business _		
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d. Net operating loss deduction per Federal Return e. Payments to partners	b. Expenses incurred in	the production of no	on-taxable					
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f. Sick pay not included in Line 1 Page 1	b. Expenses incurred in income (At least 5% c.c. Taxes based on incorr	the production of no of Line Z)	on-taxable		o. Interest inc	ome		
g. Contributions, limited to 10%	b. Expenses incurred in income (At least 5% of c. Taxes based on incord. Net operating loss de	the production of no of Line Z)	n-taxable	·	o. Interest inc	ome		
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m. Total Additions (enter as Line 5a Page 1)	 b. Expenses incurred in income (At least 5% of c. Taxes based on incord. Net operating loss defe. Payments to partners. f. Sick pay not included g. Contributions, limited. 	the production of no of Line Z)	n-taxable Return	·	o. Interest inc p. Dividends q. Other (Exp	ome		
SCHEDULE Y BUSINESS APPORTIONMENT FORMULA (Non-Resident Business Entities Only) a. LOCATED b. LOCATED IN c. PERCENTAGE EVERYWHERE THIS MUNICIPALITY (b ÷ a)	 b. Expenses incurred in income (At least 5% of c. Taxes based on incord. Net operating loss dee. Payments to partners f. Sick pay not included g. Contributions, limited h. Other expenses not contribute to the contributions. 	the production of no of Line Z)	n-taxable	·	o. Interest inc p. Dividends q. Other (Exp	ome		
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 TOTAL ————————————————————————————————————	b. Expenses incurred in income (At least 5% of c. Taxes based on income). Net operating loss defended in the expenses of the contributions, limited the other expenses not come. Total Additions (enter SCHEDULE Y	the production of no of Line Z)	Return SS APPORTIONME esident Business G. PERSONAL PRO	ST FORMULA Entities Only)	o. Interest inc p. Dividends q. Other (Exp z. Total Dedu a. LOCATED	ome	SB Page 1) IN c. PERCENTAGE	

SCHEDULE Z Partners' Distributive Shares of	of Net Income - From Federal Schedules 1065K and 1099
5 AVERAGE PERCENTAGE (Divide Total Percentages by Number)	Carry to Line 6b, Page 1%
STEP 4 TOTAL PERCENTAGES	%
STEP 3 WAGES, SALARIES, AND OTHER COMPENSATION PAID	%
STEP 2 GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED (SEE INSTRUCTIONS)	%
STEP 1.	%

CONEDCE E	01 1101	The meeting from Fourier Constants Foot and Foot					
	2. Resident		Distributive Shares of Partners		4. Other	5. Taxable	6. Amount
1. NAME AND MUNICIPALITY OR TOWNSHIP OF EACH PARTNER		No	Percent	Amount	Payments	Percentage	Taxable
				\$	\$		\$
7. TOTALS from Schedule C and Schedule H Above			100	\$			